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**COCKROACH SURVEY**

For use of this form, see TB MED 561; the proponent agency is OTSG

1. BUILDING	2. ORGANIZATION	
3. DATE	4. TIME	5. PERSON CONTACTED

## PART I - MISSION OF STRUCTURE

6. MISSION OF STRUCTURE	7. FOOD HANDLING FACILITY		8. QUARTERS	
	a. MEALS/DAY	b. DAYS OPEN/WEEK	a. SINGLE	b. MULTIPLE UNIT

## PART II - SANITATION

9. SANITARY CONDITIONS <i>(check one)</i>				10. FOOD DEBRIS <i>(Yes (Y) or No (N))</i>			
a. VERY GOOD	b. GOOD	c. FAIR	d. POOR	a. HARD TO REACH AREAS	b. EASY TO REACH AREAS	c. FOOD LEFT EXPOSED AT NIGHT	d. OTHER

### PART III - HARBORAGE

11. HARBORAGE CONDITIONS <i>(check one)</i>			12. SPACE AROUND PIPES SEALED	13. HOLES IN WALLS	14. SERVING LINE	15. EQUIPMENT
a. MINIMAL	b. MODERATE	c. AMPLE	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
16. BAR		17. CRAWL SPACE	18. ATTIC	19. OTHER		
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO			

## PART IV - COCKROACH SPECIES

20. KIND	21. OBSERVATION <i>(check one)</i>			
	a. LIVE INSECTS	b. DEAD INSECTS	c. EGG CAPSULES	d. FECAL MATERIAL

## PART V - STICKY TRAP DATA

[illegible]

## 26. COMMENTS